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ABSTRACT

As the divorce rate continues to rise, increasing attention is being paid to the impact of parental divorce and remarriage on the children from these families. A study was undertaken to investigate the impact of family process and organization, in intact, divorced, and stepfather families. Subjects were 36 families (12 families from each group) with a 6- to 12-year-old boy, who were clients at a child guidance center. Subjects were assessed using self-reports, structured interviews, and behavior ratings of family interactions. The results indicated that there were no significant differences in family process and organization between the intact, divorced, and stepfather families. In addition, no differences in boys' behavior problems were observed based on family type. Significant correlations were found between more pathological family process variables and boys' behavior problems, suggesting that problems and conflict in marital and family relationships are related to behavior problems with children. (NRB)

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BEHAVIOR PROBLEMS WITH CHILDREN: RELATIONSHIP TO PARENTAL MARITAL STATUS[1]

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BEHAVIOR PROBLEMS WITH CHILDREN:
RELATIONSHIP TO PARENTAL MARITAL STATUS
ABSTRACT

This research investigated the relationship of family process and organization in intact, divorced and stepfather families with boy's behavior problems. Thirty-six boys from the three family types (N=12 families per group) were assessed using self-reports, structured interviews and behavior ratings of family interactions. No significant differences between family process and organization variables were found on any of the measures. In addition, there were no significant differences between boy's behavior problems across the three family types. There was a significant relationship between boy's behavor problems and family process variables which indicates that more dysfunctional family processes correlate with more behavior problems. Implications for treatment and future research are discussed.

Behavior Problems with Children:
Relationship to Parental Marital Status

As the rate of divorce continues to rise, increasing attention has been paid to the impact of parental divorce and remarriage on the children from these types of families. It is estimated that 60% of all divorces involve children (National Center for Health Statistics, 1977). As a result of these concurrent trends, an estimated six million children now reside in divorce engendered remarriage families (Glick, 1980). In general, there are a variety of factors thought to be related to children's divorce and remarriage adjustment and a paucity of research regarding the cultural, social, familial, and individual facets of the adjustment (Emery, 1982; Kurdek, Blisk, & Siesky, 1981; Walker, Rogers & Messinger, 1977). The focus of this research is to study the relationship of family process and organization in intact, divorced and stepfather families to the development of behavior problems in children.

There are a few studies which represent attempts to compare children of divorce and children from intact families as they occur in clinical populations (Kalter, 1977; McDermott, 1970; Morrison, 1974; Sugar, 1970; Tuckman & Regan, 1966). Whether or not children whose parents divorce are more often brought for psychological treatment than their peers from intact families remains an issue of controversy. The more recent studies have found an over-representation of children of divorce in psychiatric clinics (Kalter, 1977; McDermott, 1970; Tuckman & Regan, 1966).

There is general agreement, however, that there exists a higher rate of delinquency and anti-social behavior among children of divorce than among children from intact households (Kalter, 1977; McDermott, 1977; Schoettle & Cantwell, 1980; Tuckman & Regan, 1966), as well as mental retardation and medical problems (Schoettle & Cantwell, 1980), among children of divorced parents. These results suggest that among children experiencing emotional and behavioral problems, those whose parents have divorced may be especially prone to developing certain types of behavioral disorders while being relatively free from others (Kalter, 1977).

While there is some consistent data on the effects of divorce on children's behavior problems, even less is known about the effects of remarriage on children (Walker et al., 1977). Only two studies (Brady, Bray & Zeeb, 1984; Kalter, 1977) have investigated children with behavior problems from remarried, single-parent and intact families. Kalter (1977) found significantly more delinquent behavior among children living in a stepparent home than children from other types of families. Brady et al. (1983) found that children from separated, divorced, and remarried families were reported to have significantly more behavior problems than children from intact families. In addition, children from stepfamilies hed mcre intense conduct, hyperactivity and sibling problems than children from separated or divorced families. Others agree that a child's experience with a "broken" home and a subsequent reconstituted family can be a mixed or negative experience depending upon a wide variety of factors (Burchinal, 1964; Landis, 1960; Wilson, Zurcher, McAdams & Curtis, 1975). Still others have found no differences between the adjustment or development of children from divorced homes and children from stepfamilies (Burchinal, 1964; Lowenstein & Koopman, 1978; Nye, 1957; Santrock et al., 1982).

In general, studies investigating the impact of divorce and remarriage on children's behavior problems provide an inconsistent and incomplete picture. Most studies in this area suffer from many methodological flaws making interpretation of the results even more problematical (Hetherington, 1979; Walker et al., 1977). In particular, studies suffer from: (1) a lack of representative and controlled samples, (2) a failure to use multiple assessment procedures and direct observations of family functioning, and (3) a failure to link family functioning and process to children's behavior problems.

The purpose of this research is to investigate the impact of family process and organization in intact, divorced and stepfather families on children's behavior problems. Two specific areas were studied. First, the differences in family process and organization in the three family groups was assessed using a multimeasure-multimethod design. Second, the relationship between family process variables and children's behavior problems was studied.

METHODS

Subjects:

The subjects for this study consist of 36 families selected from the client rosters at Houston Child Guidance Center (HCGC). The families were selected to form the following groups:

1. Stepfamily Group: This group consists of 12 stepfather families with a mother, stepfather and boy between the ages of 6 and 12 years old. The remarriage had to be at least one year in duration.

2. Divorced Family Group: This groups consists of 12 divorced female-headed families with a boy between the ages of 6 and 12 years old. The mother had to be divorced at least one yer prior to participating in the research.

3. Intact Family Group: This group consists of 12 non-divorced intact families with a mother, father and boy between the ages of 6 and 12 years old. This had to be the first marriage for each adult.

The parents and target boy participated in the research. The target child was the person with the presenting problem at the agency.

Instruments:

1. Family Adaptability and Cohesion Evaluation Scales II (FACES II: Olson, Portner & Bell, 1982): This scale measures the style and degree of adaptability and cohesion perceived by family members in the family. It yields two subscales: family adaptability and family cohesion scores. Adults complete the FACES II twice, once indicating their current family functioning and once indicating their ideal family functioning. Adults rate their families on a 5-point likert scale, with 1=almost never to 5=almost always. Higher scores reflect more cohesion and more adaptability.

2. Family Assessment Device (FAD: Epstein, Baldwin & Bishop, 1983): The FAD is a 53-item self-report measure of family functioning based on the McMaster Model of Family Functioning (MMFF: Epstein, Bishop & Levin, 1978). The FAD has seven scales: General Family Functioning, Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement and Behavior Control. Adults rate their families on a 4-point likert scale, with 1=strongly agree to 4=strongly disagree. Larger scores indicate more healthy family functioning.

3. Conners Parent Questionnaire (CPQ; Conners, 1970): The CPQ is a frequently used rating scale which allows parents to rate the presence and severity of common behavior problems in children. Parents rate their child on 94 behaviors using a 4-point likert scale; 0=not at all to 3=very much. Higher scores reflect more severe behavior problems.

4. McMaster Clinical Rating Scale (CRS; van der Spuy, Croskerry, Epstein & Bishop, 1982): The CRS is a rating scale for clinicians to rate family functioning on the six dimensions of the MMFF. Clinicians rate families on a 1 to 7 scale on each dimension. Two graduate level clinicians rated each family on the CRS.

Procedures:

All new clients at HCGC were screened for the study from November 1983 to February 1985. Subjects who met the criteria were called by a graduate research assistant and asked to participate in the study. During this telephone conversation requirements of the study were carefully explained. If a family agreed to participate an appointment was made at HCGC for an initial interview. The adults in families were sent an agency application form, the CPQ, FACES, FAD and an informed consent form by mail to complete before the first interview. Subjects were instructed to complete their questionnaires separately and not discuss their answers with other family members.

When a family arrived at HCGC their questionnaires were collected and they were given additional information about the study. Families then participated in a structured clinical interview based on the MMFI. The interviews were videotaped. Following the interviews each adult completed some additional questionnaires not used in this study. The children were administered the CRPBI by one of the clinicians. Following data collection, the families were debriefed about the study and given feedback. Families then participated in regular treatment activities at HCGC.

Data Analysis

The design of this study is a one-way multimeasure-multimethod design. To study differences in family process and organization in the three family groups multivariate analysis of

variance (MANOVA) was employed according to recommendations by Bray and Maxwell (1982). Correlational analyses were used to investigate the relationship of family process variables to children's behavior problems.

RESULTS

A one-way MANOVA on the mother's FACES-II scores yielded no significant differences between groups, Multivariate F(8,68) = .521, p=n.s. Mothers in all three groups rated their family as being separated to disengaged in cohesion and structured to rigid in adaptability. A one-way MANOVA on the intact and stepfather's FACES II scores also yielded no significant differences between groups, Multivariate F(4, 21) = 2.07, p=n.s. Fathers in these two groups rated their families similarly to the mothers.

There were no significant differences between groups on the McMaster Clinical Rating Scales, Multivariate F(14,64) = .614, p=n.s. The mean ratings for each group were all in the clinical range.

There were also no significant differences between groups on mother's FAD ratings, Multivariate F(14,70) = 1.49, p=n.s. or on father's FAD ratings, Multivariate F(1,19) = .696, p=n.s. In addition, there were no significant differences between groups on mother's CPQ ratings, Multivariate F(13,25) = .222, p=n.s. or on father's CPQ ratings, Multivariate F(13,11) = 1.94, p=n.s.

Table 1 presents the correlations between the measures of family process and organization and ratings of children's behavior problems. Most of the family measures correlate significantly with the ratings of children's behavior for both mothers and fathers. The negative correlations between the FACES II scores and the CPQ indicate that higher levels of cohesion are associated with fewer behavior problems, whereas lower levels of cohesion, i.e., disengagement, are associated with more behavior problems in children. Higher levels of adaptability correlate with fewer behavior problems in children. The positive correlations between the FAD scales and the CPQ indicates that more behavior problems are associated with more pathological family ratings.

DISCUSSION

The results of this study indicate that there were no significant differences in family process and organization between intact, divorced and stepfather families in a clinical sample. In addition, no differences in boy's behavior problems were observed based on family type. These findings are in contrast to previous research (Brady, et al., 1984; Kalter, 1977) that identified specific children's behavior patterns based on parent's marital status. It is not clear why this descrepancy was found other than because of differences in sampling error. The fact that differences were not found in boy's behavior problems would suggest that previously found differences due to parental marital status would also not be expected.

The significant correlations found between more pathological family process variables and boy's behavior problems supports previous research in this area (Emery, 1982) that indicates that problems and conflict in marital and family relationships are related to behavior problems with children. These data indicate that behavior problems with boys are reflective of similar family process patterns irrespective of parental marital status. The issue of causality cannot be directly addressed in this study because of the correlational design. In other words, it cannot be determined whether the family problems cause the boy's behavior problems or vice versa. However, this study supports a family system perspective (e.g., Haley, 1976) which hypothesizes that problems with children reflect dysfunctional patterns in families, rather than simply individual behavior problems. Future research needs to investigate the causal links between family process variables and children's behavior problems to clarify this relationship. Additional research is also needed to look at sex differences of children in response various types of famly structures and processes.

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Table 1

Correlations Between Boy's Behavior Problems and Family Process Variables

Variable	Mother's CPQ	Father's CPQ
Mother's FACES		
Cohesion	-.27*	-.66*
Adaptability	-.35*	-.54*
Mother's FAD		
General Functioning	.37*	.47*
Communication	.20*	.42*
Roles	.36*	.67*
Affective Involvement	.41*	.55*
Behavior Control	.12	-.05
Affective Response	.36*	.46*
Problem Solving	.34*	.35*
Father's FACES		
Cohesion	-.51*	-.49*
Adaptability	-.33*	-.42*
Father's FAD		
General Functioning	.46*	.40*
Communication	.32*	.55*
Roles	.46*	.73*
Affective Involvement	.40*	.32*
Behavior Control	.21	.20
Affective Response	.36*	.36*
Problem Solving	.21	.28

*$p < .05$